

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>10-511941</i>	FILING DATE
APPLICANT(S)	

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
3	/				
4	/				
5	/				
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100	/				
TOTAL	10				
TOTAL	10				
TOTAL	10				

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IND.	DEP.	IND.	DEP.
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98			
99			
100			
TOTAL	10		
TOTAL	10		
TOTAL	10		

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS